

22-788-89115 PAGE: 09 DEC 2004
RSG-RGT/PTO

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	157737
First Named Inventor	Mohindra
COMPLETED IF KNOWN	
Application Number	/
Filing Date	herewith
Art Unit	not yet assigned
Examiner Name	not yet assigned

I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the Inventor(s) named below to be the original and first Inventor(s) of the subject matter which is claimed and for which a patent is sought on the Invention entitled:

REDUCING FACIAL AGING AND APPLIANCE THEREFOR

the specification of which (Title of the Invention)

be attached hereto

OR

was filed on [MM/DD/YYYY] 06/13/2003 as United States Application Number or PCT International Application Number

Application Number PCT/GB03/02686 and was amended on (MM/DD/YYYY) 11-27-2003 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(s) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

[Page 1 of 2]

This collection of information is required by 36 U.S.C. 116 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

PTO/SB/01 (08-04)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>34132</u> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City	State	ZIP	
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) <u>Naresh Kumar</u> Family Name or Surname <u>Mohindra</u>	
Inventor's Signature <u>Naresh Kumar</u>		Date <u>8th Dec 04.</u>	
Residence: City <u>London</u>	State <u>ENY</u>	Country <u>England</u>	Citizenship <u>Great Britain</u>
Mailing Address <u>18 Wimpole Street</u>			
City <u>London</u>	State	Zip	Country <u>England</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <u>supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.</u>			

[Page 2 of 2]

BEST AVAILABLE COPY

PTO/SB/81 (09-04)

Approved for use through 11/30/2006, OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	not yet assigned
Filing Date	herewith
First Named Inventor	Mohindra
Title	REDUCING FACIAL AGING AND APPLIANCE THEREFOR
Art Unit	not yet assigned
Examiner Name	not yet assigned
Attorney Docket Number	157737 CSTL 0003 100

I hereby appoint:

Practitioners associated with the Customer
Number:

OR

Practitioner(s) named below:

Name	Registration Number

34132

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number

OR

The address associated with Customer Number:

OR

Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Mohindra</i>	Date	8-12-04
Name	Naresh Kumar Mohindra	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.81 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY